VOLUNTEER APPLICATION FORM

STAMFORD ANIMAL CONTROL CENTER

201 MAGEE AVE., STAMFORD, CT 06902/TELEPHONE (203)977-4437

APPLICATIO	N DATE							
Name				DOB	DL#	ŧ		
AddressCity & Zip								
Phone #'s: Hom	ne ()		Cell ())	Work (_)		
E-mail address	s (required):							
Emergency Con	itact		R	elation	Pho	ne # ()		
Why are you int	terested in volunt	eering at the she	lter?					
Do you currentl	y have pets?	No	_ Yes If yes:	How many?				
What type/breed	d/age?							
How long have	you had them? _							
How did you ge	t your pet(s)?		·					
Do you have spe	ecial talents, skill	s, or training in	handling domestic	e pets?				
Do you have a h	nealth/medical sit			vorking at the shelt				
If yes, please ex							<u></u>	
Please indicate	below the time(s)	you are availabl	le to volunteer:					
TIME	MON	TUES	WED	THURS	FRI	SAT	SUN	
			Dog walking Help with photos/flyers Fundraising activities Off-site Shelter Awareness (Pound Around Town)			Dog training Cat/Dog grooming Marketing & PR activities		
	al Control Center	assumes no resp	ponsibility or liab	ility for any injury eserves the right to	sustained while	_		
Signature				Date				